

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90302 046 \*\*\*\*61.25

**DOCUMENT # N09381**

1. Entity Name

PLAZA PINES PARK MOBILE HOME OWNERS'  
ASSOCIATION, INC.



Principal Place of Business

BEVERLY BECK  
1280 LAKEVIEW RD LOT 220  
CLEARWATER FL 33756  
US

Mailing Address

BEVERLY BECK  
1280 LAKEVIEW RD LOT 220  
CLEARWATER FL 33756  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2509021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECK, BEVERLY  
1280 LAKEVIEW RD  
LOT 220  
CLEARWATER FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BECK, BEVERLY	
STREET ADDRESS	1280 LAKEVIEW RD LOT #220	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WINSOR, ART	
STREET ADDRESS	1280 LAKEVIEW RD LOT 321	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GALLAGER, LIZ	
STREET ADDRESS	1280 LAKEVIEW RD LOT 139	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REEVES, STANLEY	
STREET ADDRESS	1280 LAKEVIEW RD #204	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAENZA, MARY	
STREET ADDRESS	1280 LAKEVIEW RD, LOT 339	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONYER, DON	
STREET ADDRESS	1280 LAKEVIEW RD LOT 127	
CITY-ST-ZIP	CLEARWATER FL 33756	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, GARY	
STREET ADDRESS	1280 LAKEVIEW RD LOT # 247	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORE, SANDY	
STREET ADDRESS	1280 LAKEVIEW RD LOT # 118	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, BILL	
STREET ADDRESS	1280 LAKEVIEW RD # 129	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, LIZ	
STREET ADDRESS	1280 LAKEVIEW RD # 139	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Gary Weaver* **GARY WEAVER** **PRES** **3-1-05** **6142048336**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #